Form D-174 (Revised 9/2015)

## SECURITIES TRANSACTION REQUEST Outside Depositors Only

Outside Depositors Only
Request Number

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	For Depository Use Only							
	Date of Deposit:							
	Date of Withdrawal:							

State of California
Department of Insurance
300 Capitol Mall, Suite 14000
Sacramento, CA 95814

CATTLE OF				Assigned	у ре	pt. of ins.				
Check One:	Initial Deposit Additional De	eposit Withdrawal	Si	ubstitution/ xchange		To	otal Deposit Value of: Depo	osit:	Withdrawal:	
	COMPANY INFORMATION	If Nev	w Company, c	heck here	BANK INFORMATION					
Company Name:			Bank Name:							
Mailing Address:						Mailing Add	lress:			
Contact Name:					Contact Name:					
E-mail Address										
Telephone & Fax #:	Tax I.D. #:	N	AIC/CDI #:			Telephone	& Fax #:			
				URITIES TO						
	Description of Securities	Cusip / Serial / Certificate						Market Value	Deposit Value	Rating
If depositing stock	x, identify whether common or preferred.	Number	Rate	Issue Date	M	aturity Date	Par/Face Value	As of:	(Lower of Par or Market)	(Include Source)
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LIST SECURITIES TO BE WITHDRAWN ON REVERSE DEPO				DEPOSIT GRA	AND	TOTALS	-	-	-	

		Request Number
Company Name:		Assigned by Dept. of Ins.

SECURITIES TO BE WITHDRAWN								
Description of Securities	Cusip / Serial / Certificate				Market Value	Deposit Value		
If withdrawing stock, identify whether common or preferred.	Number	Rate	Maturity Dates	Par/Face Value	As of:	(Lower of Par or Market)		
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If additional space is needed, use plain paper following columnar format above and have signers i	VAL GRAND TOTALS	-	-	-				
AUTHORIZATION								
COMPANY	FINANCIAL INSTITUTION							
MUST BE COMPLETED BY AUTHORI	IZED COMPANY OFFICE	E <b>R</b>						
The insurer certifies that the substituted/additional deposit/withdr	We (depository) certify that this accounting is true and correct							
is in compliance with Sections 11691 and 11691(c) of the California Insurance Code and			according to our best information and belief.					
Article 9.5, Subchapter 3, Chapter 5, Title 10 of the California Administrative Code.					1	/		
						Depository Seal		
Signature of Company Officer Print N	Name and Title	and Title Date		zed Signature	Date			
Signature of Company Officer Print Name and Title		Date	Authori	zed Signature	Date			